



PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

Mail Stop ISSUE FEE
Commissioner for Patents
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(571) 273-2885

or **Fax**

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

20985

7590

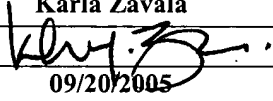
06/27/2005

FISH & RICHARDSON P.C.
12390 EL CAMINO REAL
SAN DIEGO, CALIFORNIA 92130

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Karla Zavala	(Depositor's name)
	(Signature)
09/20/2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/751,128	01/03/2004	Clifford A. Wright	14736-021001	1766

TITLE OF INVENTION: **DIVIDED NASAL CANNULA ASSEMBLY**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$0	\$0	\$0	09/27/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
PATEL, MITAL B.	3743	128-207180

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1. Fish & Richardson P.C.**
- 2. Mikael Havluciyen**
- 3. Fred C. Hernandez**

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Medical Device Group, Inc.

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Poway, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☐ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies

4b. Payment of Fee(s):

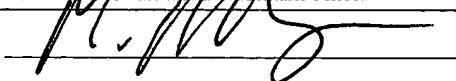
- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number **06-1050** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above, shown by the records of the United States Patent and Trademark Office.

(Authorized Signature)



(Date)

September 20, 2005

Typed or Printed Name **Mikael Havluciyen**

Registration No. **47,285**

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Clifford A. Wright
Serial No. : 10/751,128
Filed : January 3, 2004
Conf. No : 1766
Title : DIVIDED NASAL CANNULA ASSEMBLY

Art Unit : 3743
Examiner : Mital B. Patel
Cust. No. : 20985

MAILSTOP ISSUE FEE

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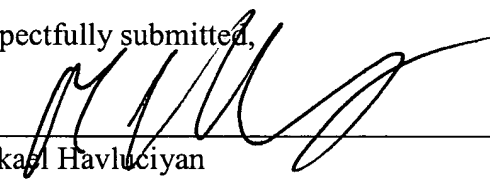
TRANSMITTAL

In response to the Notice of Allowance mailed June 27, 2005 and the Supplemental Notice of Allowability mailed September 16, 2005, enclosed are a completed issue fee transmittal form PTOL-85b (1 page) and a return postcard. The issue fee, publication fee, and fee for 5 advanced order patent copies was paid previously on March 24, 2005.

Please apply any additional charges or credits to our Deposit Account No. 06-1050.

Date: September 20, 2005

Respectfully submitted,

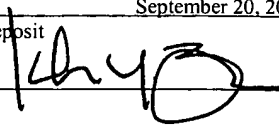

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I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

September 20, 2005
Date of Deposit

Signature
Karla Zavala